



Coquille Scholarship Application

Scholarships are **limited** and granted on a **need** basis. Scholarships are only granted to residents of Recreation District 14 in order to provide equitable access to all participants. Applicants may be asked to provide evidence of financial hardship, which will be handled with **strict confidentiality**. The applicant must be registered with Coquille Parks & Recreation **prior** to submitting this application.

Participant's Information

First: _____ MI: _____ Last: _____ Sex: M / F

Date of Birth: _____ Intended Sport: _____

Participant's Primary Address

Street Number: _____

City: _____ State: _____ Zipcode: _____

Participant's Secondary Address (if applicable)

Street Number: _____

City: _____ State: _____ Zipcode: _____

Parent/Guardian Information

First: _____ Last: _____ Relationship: _____

E-Mail: _____ Phone 1: (____)____-____ Phone 2: (____)____-____

First: _____ Last: _____ Relationship: _____

E-Mail: _____ Phone 1: (____)____-____ Phone 2: (____)____-____

Have you registered for Coquille before?: (please circle one) **Yes / No**

If so, what sport & when?: _____

Do you receive reduced/free lunch from your school?: (please circle one) **Yes / No**

Total Charges/Fees Due: \$ _____

Total Scholarship Request: \$ _____

Balance Due: \$ _____

Thank you for submitting an application. Please submit to, Programs at progams@coquillerecreation.com. Your information will be reviewed and considered carefully and confidentially. You will receive a response prior to close of registration.